

REISSUE PATENT APPLICATION TRANSMITTAL		
Address to: MAIL STOP REISSUE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	First Named Inventor	Kazuo KANAZAWA
	Original Patent Number	6,546,830 B2
	Original Patent Issue Date (Month/Day/Year)	April 15, 2003
	Express Mail Label No.	

21906 U.S. PTO
10/15/03



APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format <i>(amended, if appropriate)</i> 4. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i> 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) <i>(37 C.F.R. § 1.175)(PTO/SB/51 or 52)</i> 6. <input checked="" type="checkbox"/> Power of Attorney 7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(if Yes, check applicable box(es))</i> <input checked="" type="checkbox"/> Written Consent of All Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. §3.73(b) Statement (PTO/SB/96) 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all of the following are necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies), or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c). 11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribbioned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input checked="" type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119)(if applicable) 13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO/SB/08 A & B (modified) <input type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i> 15. <input checked="" type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)(Should be specifically itemized) 17. <input type="checkbox"/> Other: _____ _____ _____

18. CORRESPONDENCE ADDRESS

Direct all correspondence to the address for McGinn & Gibb, PLLC filed under the Customer Number listed below:

21254

PATENT TRADEMARK OFFICE

Name (Print/Type)	Sean M. McGinn	Registration No. 34,386	
Signature	<i>Phil Miller</i>	Date	9/8/03

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number

F05-132629M/MI

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A)	Total Claims (37 CFR 1.16(i))	(B) 14	**** 0 =	x \$ 9 =	\$0	or	x \$ 18 = \$0
(C)	Independent claims (37 CFR 1.16(i))	(D) 2	* 0 =	x \$ 42 =	\$0		x \$ 84 = \$0
Basic Fee (37 CFR					\$375		\$750
Total Filing Fee					\$375		\$750

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	*** 13	MINUS	** 20	= 0	x \$ 9 =	\$0	x \$ 18 = \$0	
Independent Claims (37 CFR 1.16(i))	*** 2	MINUS	***** 2	= 1	x \$ 42 =	\$42	x \$ 84 = \$84	
Total Additional Fee					\$42	OR	\$84	

- * If the entry in (D) is less than the entry in (C), Write "0" in column 3.
- ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.
- *** After any cancellation of claims.
- **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).
- ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is _____.
- ☒ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-0481.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 834 to cover the filing / additional fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

September 8, 2003

Date

34,386

Registration Number, if applicable

Signature of Applicant, Attorney or Agent of Record

Sean M. McGinn, Esq.

Typed or printed name

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.